

## Massachusetts Department of Public Health Office of Emergency Medical Services

# Part A: Ambulance Service License Application



| Number  |  | 2) Servi  | ce Expiration   | on Date              |                            | <ol><li>Is this ap</li></ol>     |                           |                                  |               |           |   |  |                       |
|---|--|---|---|----------------------|----------------------------|----------------------------------|---------------------------|----------------------------------|---------------|-----------|---|--|-----------------------|
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|   |  |   |   | 4) :                 | SER                        | VICE IN                          | <b>IFORMA</b>             | TION                             |               |           |   |  |                       |
| Name  |  |   |   | •                    |                            |                                  |                           |                                  |               |           |   |  |                       |
| Address   |  |   |   |                      |                            |                                  |                           |                                  |               |           |   |  |                       |
| City  |  |   |   | State                |                            |                                  |                           |                                  | Zip           |           |   |  |                       |
| Business Ph<br>Number   | none   | (   | )   |                      |                            |                                  | Fax Num                   | ber                              | (             | )         |   |  |                       |
| Manager Na  | ame  |   |   | С                    | ontact I                   | Person                           |                           |                                  | e-n           | nail add  | dress   |  |                       |
|   |  |   |   | 7) L                 | ICE                        | NSEE IN                          | NFORM                     | ATION                            |               |           |   |  |                       |
| Name  |  |   |   | ,                    |                            |                                  |                           |                                  |               |           |   |  |                       |
| Address   |  |   |   |                      |                            |                                  |                           |                                  |               |           |   |  |                       |
| City  |  |   |   | State                |                            |                                  |                           |                                  | Zip           |           |   |  |                       |
| Business Ph<br>Number   | none   | ( )   |   |                      | 24 Hou                     | ur Access                        | Number, N                 | on 911                           | (             | )         |   |  |                       |
| E-mail add  | ress   |   |   | 1                    | 24 Hou                     | ur Access                        | Fax Number                | er                               | (             | )         |   |  |                       |
|   |  | 8) F  | DARFNI  | T or A               | <u> </u>                   | CIATE                            | СОМР                      | ANIES                            | OF            | OWI       | VER.  |  |                       |
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| Address   |  |   |   |                      |                            |                                  |                           |                                  |               |           |   |  |                       |
| City  |  |   |   | State                |                            |                                  |                           |                                  | Zip           |           |   |  |                       |
| •   | Owners   | ship Type?  |   | Sole Pro             | prietor                    |                                  | Partnersh                 | ip Corpora                       |               | Lim       | ited Pa   | rtnership                                    |                       |
| ,   |  |   |   |                      |                            |                                  | Government                |                                  |               |           |   |  |                       |
| 40)  - 45:  |  |   |   |                      |                            |                                  |                           |                                  |               |           |   |  |                       |
| 10) IS this s   | ervice   | operated by   | a state ag  | ency?                |                            | 7                                |                           |                                  |               | Oth       | CI.   |  |                       |
| -   |  | operated by   | a state ag  | ency?                |                            | YES                              |                           | 10                               |               | Oth       | <del>с</del> і  |  |                       |
| -   |  | operated by<br>se applying  |   |                      |                            | YES                              |                           | IO<br>Paramedic                  |               | Oth       | <u>ei.</u>  |  |                       |
| 11) Level of  | f Licen  |   | □ BI  | LS [                 |                            | ntermediate                      | F                         | Paramedic                        | erstan        |           | <b>С</b> І.   |  |                       |
| 11) Level of  | f Licen  | se applying   | □ BI  | LS [                 |                            | ntermediate                      | F                         | Paramedic                        | erstan        |           |   | Defib  | EPI                   |
| 11) Level of  | f Licen  | se applying   | □ BI  | LS [                 |                            | ntermediate                      | F                         | Paramedic                        | erstan        | ding?     |   | Defib  | EPI                   |
| 11) Level of  | f Licen  | se applying   | □ BI  | LS [                 |                            | ntermediate                      | F                         | Paramedic                        | erstan        | ding?     |   | Defib  | EPI                   |
| 11) Level of  12) with wh Hospital Nar  13) Total nu  | ich ho   | se applying   | Bl/ou have a  | LS [                 | on agre                    | ntermediate<br>eement or         | memorandu                 | Paramedic                        | erstan        | ding?     |   | Defib  | EPI                   |
| 11) Level of  12) with wh  Hospital Nar  13) Total nu Class I   | ich ho<br>me   | se applying spital(s) do y  | ou have a   | LS [                 |                            | ntermediate<br>eement or         | F                         | Paramedic                        | erstan        | ding?     |   | Defib  | EPI                   |
| 11) Level of  12) with wh Hospital Nar  13) Total nu Class I  14) Total nu EMTs:  | ich ho<br>me   | se applying   | Class II  | n affiliati          | on agre                    | eement or                        | memorandu                 | Paramedic<br>um of und<br>ALS    | erstan        | ding?     |   | Defib  | EPI                   |
| 11) Level of  12) with wh Hospital Nar  13) Total nu Class I  14) Total nu EMTs: Basic:   | ich ho<br>me<br>umber  | se applying spital(s) do y of vehicles of EMS perso   | Class II onnel  | n affiliati          | Clas                       | ntermediate<br>eement or<br>s IV | memorandu Class V Paramed | Paramedic<br>um of und<br>ALS    |               | ding?     | ST  |  | EPI                   |
| 11) Level of  12) with wh Hospital Nar  13) Total nu Class I  14) Total nu EMTs: Basic:   | ich ho<br>me<br>umber<br>umber   | se applying spital(s) do y  | Class II onnel  | n affiliati          | Clas                       | ntermediate<br>eement or<br>s IV | memorandu Class V Paramed | Paramedic<br>um of und<br>ALS    | YES           | ding?     | ST  | Defib  | EPI                   |
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### **Part A: Ambulance Service License Application**

#### STATEMENT OF NON-DISCRIMINATION

Pursuant to 105 CMR 170.335 of the Emergency Medical Services System Regulations, Regulating Ambulances and Ambulance Services, "no person shall discriminate on the grounds of race, color, religion, national origin, sex, sexual orientation, age, ancestry or disability in any aspect of its provision of ambulance or EMS first response service or in employment practices. This section requires compliance with M.G.L. c. 151B, as amended, which is a statute prohibiting unlawful discrimination."

This ambulance service is and will continue to be in conformance with these requirements.

#### TAX CERTIFICATION STATEMENT

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

This license will not be issued unless this certification clause is signed by the applicant.

Your tax identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or are delinquent WILL BE SUBJECT TO LICENSE SUSPENSION OR REVOCATION. This request is made under the authority of M.G.L. c. 62C s. 49A.

| 18) License social security or federal identification number:                                     |     |      | 7 |
|---|-----|------|---|
| 19) Does this service have any outstanding assessments levied by the Department of Public Health? | YES | □ NO | _ |

I understand that additional information may be required by the Massachusetts Department of Public Health to complete the application process, and agree to provide such information as requested. I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true. Signed under the pains and penalties of perjury.

| Authorized Signature | Date |
|----------------------|------|
| _                    |      |
| Print Name           | Date |

#### FEE INFORMATION

Fee must accompany application or a letter of explanation must be submitted. Applications will not be submitted to Public Health Council until fee has been received.

#### **FEES ARE AS FOLLOWS:**

BLS only: \$400 ambulance service license, plus \$200 per vehicle for Certificates of Inspection, OR ALS (and BLS): \$600 ambulance service license, plus \$200 per vehicle for Certificates of Inspection. ALS Upgrade: \$600 ambulance service license upgrade (no Certificate of Inspection fee required if the upgrade is not at time of relicensure)

Make check(s) payable to Commonwealth of Massachusetts.

Return completed application packet, fee and proof of insurance to:

Office of Emergency Medical Services 2 Boylston Street, 3<sup>rd</sup> Floor Boston, MA 02116